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Mark Nowotarski	(Depositor's name)
<i>Mark Nowotarski</i>	(Signature)
August 4, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,201	12/22/2003	Kiritharan Parankirinathan	LECPRV1	6878

TITLE OF INVENTION: METHOD OF CALCULATING PREMIUM PAYMENT TO COVER THE RISK ATTRIBUTABLE TO INSUREDS SURVIVING A SPECIFIED PERIOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/11/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BLECK, CAROLYN M	3626	705-004000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Mark Nowotarski
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 2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed. **Deposit Account**
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Mark Nowotarski*Date August 4, 2005Typed or printed name Mark NowotarskiRegistration No. 47,828

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